IN THE UNITED STATES PATENT AND TRADEMARK OFFICE		
n re Patent Application of PAP Atty ARC-117-595		The state of
Dkt. C# M#		
SEIFALIAN ET AL. SEP 1 3 2010 STOCIA.U. 1796		
Serial No. 10/586,649 Examiner: Peng	1	
Filed: July 19, 2006 Examiner: Peng Date: September 13, 2010		
Title: POLYMER FOR USE IN CONDUITS, MEDICAL DEVICES AND BIOMEDICAL SURFACE MODIFICATION		
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		
Sir:		
RESPONSE/AMENDMENT/LETTER This is a response/amendment/letter in the above-identified application and includes an attachment which is honorporated by reference and the signature below serves as the signature to the attachment in the absence of signature thereon.		
☐ Correspondence Address Indication Form Attached.		
Fees are attached as calculated below: Total effective claims after amendment original previously paid for original previously	\$	0.00
Independent claims after amendment previously paid for 3 (at least 3) = 0 minus highest number 0 \$0.00 (1201)/\$0.00 (2201)		0.00
If proper multiple dependent claims now added for first time, (ignore improper); add		
\$390.00 (1203)/\$195.00 (2203) Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) One Month Extension \$130.00 (1251)/\$65.00 (2251) Two Month Extensions \$490.00 (1252)/\$245.00 (2252) Three Month Extensions \$1110.00 (1253/\$555.00 (2253) Four Month Extensions \$1730.00 (1254/\$865.00 (2254) Five Month Extensions \$2350.00 (1255/\$1175.00 (2255)		0.00
Terminal disclaimer enclosed, add \$140.00 (1814)/ \$70.00 (2814)	\$	0.00
☐ Applicant claims "small entity" status. ☐ Statement filed herewith		
Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806)	\$	180.00
Assignment Recording Fee \$40.00 (8021)	\$	0.00
Other:	\$	0.00
TOTAL FEE	\$	180.00
The Commissioner is hereby authorized to charge any <u>deficiency</u> , or credit any overpayment, in the fee(s) file asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this applicate firm) to our Account No. 14-1140	d, or ion l	by this

901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 Facsimile: (703) 816-4100

ARC:eaw

NIXON & VANDERHYE P.C.

By Atty: Arthur R. Crawford, Reg. No. 25,327

Signature: _

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE ARC-117-595 Atty In re Patent Application of Dkt. **M#** C# SEP 1 3 2010 1796 SEIFALIAN ET AL. C/A.U. Examiner: Peng Serial No. 10/586,649 Date: September 13, 2010 July 19, 2006 Filed: POLYMER FOR USE IN CONDUITS, MEDICAL DEVICES AND BIOMEDICAL Title: SURFACE MODIFICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: RESPONSE/AMENDMENT/LETTER This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon. □ Correspondence Address Indication Form Attached. Fees are attached as calculated below: Total effective claims after amendment minus highest number \$0.00 (1202)/\$0.00 (2202) \$ 0.00 x \$52.00 previously paid for 20 (at least 20) = minus highest number Independent claims after amendment 0.00 \$0.00 (1201)/\$0.00 (2201) \$ x \$220.00 previously paid for (at least 3) = If proper multiple dependent claims now added for first time, (ignore improper); add \$390.00 (1203)/\$195.00 (2203) \$ 0.00 Petition is hereby made to extend the current due date so as to cover the filing date of this One Month Extension \$130.00 (1251)/\$65.00 (2251) paper and attachment(s) Two Month Extensions \$490.00 (1252)/\$245.00 (2252) Three Month Extensions \$1110.00 (1253/\$555.00 (2253) Four Month Extensions \$1730.00 (1254/\$865.00 (2254) Five Month Extensions \$2350.00 (1255/\$1175.00 (2255) \$ 0.00 \$140.00 (1814)/ \$70.00 (2814) \$ 0.00 Terminal disclaimer enclosed, add ☐ Statement filed herewith Applicant claims "small entity" status. \$180.00 (1806) 180.00 Rule 56 Information Disclosure Statement Filing Fee

◯ CREDIT CARD PAYMENT FORM ATTACHED.

The Commissioner is hereby authorized to charge any <u>deficiency</u>, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.

901 North Glebe Road, 11th Floor
Arlington, Virginia 22203-1808
Telephone: (703) 816-4000
Facsimile: (703) 816-4100

Assignment Recording Fee

ARC:eaw

Other:

NIXON & VANDERHYE P.C.

By Atty: Arthur R. Crawford, Reg. No. 25,32

Signature:

\$

\$

\$40.00 (8021)

TOTAL FEE \$

0.00

0.00

180.00